

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

52-029973

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 4033

Registrar's No. 142

FILED AUG 28 1962

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Amoret

Length of stay in 1b

63 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

none

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Bates

c. CITY

OR  
TOWN

Amoret

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

none

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Maggie

Meints

4. DATE

OF  
DEATH

Month

August

Day

15

Year

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒

Widowed ☐

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

4-16-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Homemaker

11. BIRTHPLACE (City and state or country)

Amoret, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Dykman

13b. MOTHER'S MAIDEN NAME

Bertha Bohlken

14. NAME OF HUSBAND OR WIFE

George Meints

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

4

17. INFORMANT

George Meints, Amoret, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

approx. 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

First surgery removal of neurofibroma of thorax in 1953---recurrent

9 yrs.

DUE TO (c)

Embarrassment of lungs and heart by

about

DUE TO (c)

neurofibroma

48 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/28/50

to 8/15/62

and last saw her him alive on 8/15/62

Death occurred at 1:45

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Amoret, Mo.

22c. DATE SIGNED

8-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-18-62

23c. NAME OF CEMETERY OR CREMATORY

Mulberry Cemetery

23d. LOCATION (City, town, or county)

Amoret, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Archer & Mangold, Amsterdam, Mo.

25. DATE RECD. BY LOCAL REG.

8-21-62

26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300

Rev. 4/59

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2070

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OCT 16 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert R. Mangels*

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.